PLAN OF ACTION (POA) FOR LAGOON SLUDGE REDUCTION

Facility Number:			County:				
Facility Name:							
Certified Operator Name:	Operator #:						
**Attach a copy of Lagoon Sludge Survey Form and volume worksheets							
Note: A certified Sludge Management Plan may be submitted in lieu of this POA.							
	Lagoon 1	Lagoon 2	Lagoon 3	Lagoon 4	Lagoon 5	Lagoon 6	
a. Lagoon Name/ Identifier							
b. Total Sludge Depth (ft)							
c. Sludge Depth to be Removed for Compliance (ft)							
d. Sludge Volume to be Removed (gallons)							
e. Sludge PAN (lbs/1000 gal)							
f. Liquid PAN (lbs/1000 gal)							
g. PAN of Sludge (lbs) (d x e)/1000							

Compliance Timeframes:

If the sludge level is equal to or higher than the stop pump level of the lagoon or if the sludge level results in an elevated waste analysis, a sludge management plan that meets the requirements of SB Interagency Group Guidance Document 1.26 must be prepared by a technical specialist and submitted to DWR within 90 days. Work to reduce the sludge level must begin within another 180 days. Compliance with NRCS Standard 359 must be achieved within two years of the original sludge survey.

If the sludge level is non-compliant but below the stop pump level of the lagoon, a POA must be filed within 90 days and compliance with NRCS Standard 359 must be achieved within two years of the original sludge survey indicating non-compliance. If future sludge surveys do not show improvement in sludge levels, DWR may require the owner to develop a sludge management plan that meets the requirements of SB Interagency Group Guidance Document 1.26.

NARRATIVE: Use this section to describe the medepth. If microbe use is planned, specify the pro	
I hereby certify that I have reviewed the informati Plan of Action, and to the best of my knowledge	ion listed above and included within the attached
correct. I further certify and acknowledge that co	ompliance with regard to sludge accumulation
must be achieved within two years of the origina	i sludge survey indicating non-compliance.
Sludge Survey Date:	Compliance Due Date:
	Dhana
Facility Owner/Manager (print)	Phone:
	Data
Facility Owner/Manager (signature)	Date:
Retur	n this form to:
	ding Operations Unit
	of Water Resources il Service Center
Raleigh,	NC 27699-1636

SPOA 3-22-2010